

NOTICE OF SEMINAR/COLLOQUIUM

Date Submitted: _____

To: Barbara Moebes, Room 1-41, Building 510A

From: Name of Host: _____

SEMINAR/COLLOQUIA COMMITTEE NAME: Particle Physics

TITLE: _____

ABSTRACT: (or email to moebes@bnl.gov) _____

SPEAKER: _____
(Gender) (First Name) (Last Name)

AFFILIATION: _____

CITIZENSHIP: _____ VISA TYPE: _____

DATE OF TALK: _____ TIME: _____

LOCATION: _____

HOUSING: No _____ Yes _____ If yes, dates of arrival and departure: _____
Non-Smoking room _____ Smoking room _____

Additional account number (if stay is longer than 3 days): _____

TRAVEL REIMBURSEMENT FORM available in the Seminar Office. Please provide original receipts.

DO NOT FILL IN BELOW THIS LINE

Small Calendar _____

Web Calendar _____

Hall Calendar _____

Event Notification Form _____

Excel Chart _____

Gate Pass _____